TEMPORARY PART-TIME STAFF AUTHORIZATION

Name:_____ Social Security Number: _____

Complete Home Address: _____

Home or Cell Phone:_____ Work Phone: _____

Date of Birth: _____ Male_____Female_____

Are you a US Citizen? Yes _____ No _____ If no, please list visa type and provide a copy of your visa departure record.

KCTCS Student Status: Full-Time_____ Part-Time_____

If you previously worked at BCTC, when was your last day? _____

The Federal I-9 and payroll documents i.e., direct deposit form, K4, and W4, must be completed and attached prior to your first day of employment. Any change in your mailing address during the calendar year must be reported to the HR/Payroll Department to insure receipt of your W-2.

Signature:_____ Date:_____

Hiring Supervisor Section

Program/Department _____Supervisor _____

Job Title/Description:_____

Assignment Pay Rate: $_____Hourly (Timesheet Required for hours worked and submitted to the Payroll Department each pay date or at the date designated by the Payroll Department.)

Anticipated Start Date: _____ End Date:_____

Work Location – Campus & Building _____

Charge to Budget String: Position Number: _____

Unit	*Fund*	*Dept. ID*	*Program*	*Class*	*Grant*
68030					

Budget Verification: ☐ ***Signature Verification:*** ☐

Supervisor's Signature: _____Date_____ Human Resources:_____Date_____

Dept. VP or Designee's Signature: _____Date: _____